EXHIBIT E

Case 2:22-cv-01835-RSM Document 43-5 Filed 09/22/23 Page 2 of 3

CONSUMER COMPLAINT FORM

OFFICE OF THE ATTORNEY GENERAL CONSUMER PROTECTION DIVISION

File your complaint online at https://fortress.wa.gov/atg/formhandler/ago/ComplaintForm.aspx for faster processing. The Washington State Office of the Attorney General, Consumer Resource Center processes complaints that involve either Washington state residents or businesses located in Washington state. Information marked with * is required.

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	I. YOUR INFORMATI	ION		
* Last Name:	* First Name:		Middle Initial:	
* Address:	* City:	*State	*Zip	
* Contact Phone: () Alternate Phone: ()				
* E-Mail Address:				
Are you a member or (Optional): ☐ YES	former member of the U.S. Armed Forces, $\hfill\square$ NO	Guard, Reserves	or a dependent?	
If English is not your	first language, what is your first language?	(Optional):		
For our statistics, plea	ase select your age group (Optional): 🗆 18-29	9 🗆 30-39 🗆 40-49 [□ 50-59 □ 59+ □ Under 8	
II. BUSINESS(ES) YOU ARE FILING COMPLAINT AGAINST				
* Business Name:				
* Address:	* City:	*State	*Zip	
* Business Phone: () E-Mail:	Website:		
Names/addresses/phone numbers of other businesses you are filing this complaint against:				
Transaction date:	Amount in dispute: \$			
State your complaint	and how the business can resolve your com	plaint:		

Case 2:22-cv-01835-RSM Document 43-5 Filed 09/22/23 Page 3 of 3
III. ACKNOWLEDGEMENT & SIGNATURE (Required)*
I understand that by submitting this complaint to the Washington State Attorney General's Office my complaint and any response from the business and all communications with Attorney General's Office will become public records under state law. Public records are subject to disclosure in response to requests for public records and my complaint and all related documents may be disclosed to the public. Complaint information received by this office will be exported into the Federal Trade Commission's (FTC) database, Consumer Sentinel, a secure online database. This data is then made available to thousands of civil and criminal law enforcement authorities worldwide. The Attorney General's Office may refer complaints to a more appropriate agency.
By signing this complaint form, I understand that the Washington State Attorney General's Office will contact the business(es) against which I have filed this complaint in an effort to reach an amicable resolution. I authorize the business(es) against which I have filed this complaint to communicate with and provide information related to my complaint to the Washington State Attorney General's Office. By submitting this consumer complaint, I understand that the Attorney General cannot answer legal questions or give legal advice to me and cannot act as my personal lawyer.
I declare, under penalty of perjury under the laws of the State of Washington, that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.
Signature: Date: City: State:
Please Read Important Information: If your complaint is submitted without the above acknowledgment and declaration signatures, we will not be able to process but will keep on file in our complaint database as a public record.
Mail Complaints To:

OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
800 5TH AVENUE, SUITE 2000 SEATTLE, WASHINGTON 98104-3188
PHONE 1-800-551-4636 OR (206) 464-6684